

BEFORE THE ILLINOIS COMMERCE COMMISSION

ILLICOM TELECOMMUNICATIONS, INC. :
Application for a certificate of resale and facilities :
based local and resale interexchange authority to :
operate as a telecommunications carrier in the :
State of Illinois. :

01-0454

APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER

GENERAL

1. Applicant's Name(including d/b/a, if any) FEIN # 37-1403566

IlliCom Telecommunications, Inc.

Address: 330 West Ottawa Road

City: Paxton State/Zip Illinois, 60957

2. Authority Requested: (Mark all that apply) ☒ 13-403 ☒ 13-404 ☒ 13-405

3. Request for waivers/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.

☒ Part 710 ☒ Part 735 ☒ Section 735.180 ☐ Other

4. In what area of the state does the Applicant propose to provide service?

Applicant intends to service the counties of Champaign, Vermilion, Ford and Iroquois. Specifically Applicant intends to launch in the cities of Rantoul, Paxton, Loda, St. Joseph, Buckley, Onarga, Gilman and Watseka.

5. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any.

Please see Attachment 1.

6. Please check type of organization?

☐ Individual ☒ Corporation
☐ Partnership Date corporation was formed August 24, 2000
In what state? Illinois
☐ Other (Specify)

7. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

Please see Attachment 2.

8. List jurisdictions in which Applicant is offering service(s).

Applicant does not currently provide telecommunications services in any jurisdiction.

9. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

10. Have there been any complaints against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully. _____

11. Will the Applicant keep its books and records in Illinois? ☒ YES ☐ NO
If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

12. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

Please see Attachment 3.

13. List officers of Applicant.

Please see Attachment 4.

14. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ____ YES ____ **X** NO

If YES, list entity. _____

15. How will Applicant bill for its service(s)? **In-house billing system.**

16. How does Applicant propose to handle service, billing, and repair complaints?

In-house customer service staffed during normal business hours. After hour requests will go to voice mail box.

17. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ____ **X** ____ YES ____ NO

18. What telephone number(s) would a customer use to contact your company?

1-800-236-9263.

19. What are your procedures to prevent unauthorized "slamming" of customers?

Letter of authorization will be required before switching, in addition to third-party verification. Applicant will adhere to Federal and State mandated "slamming" procedures and regulations.

20. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772?

____ **X** ____ YES ____ NO (If no, please provide an explanation.)

21. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? ____ **X** ____ YES ____ NO

FINANCIAL

22. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Please see Attachment 5.

TECHNICAL

23. Does Applicant utilize its own equipment and/or facilities? ☐ YES ☒ NO

If YES, please list:

If NO, which facility provider(s)'s services does Applicant use?

Applicant does not currently own and will not initially own its own equipment or facilities. Applicant intends to launch service by reselling the services and purchasing Unbundled Network Elements (UNEs) from the Incumbent Local Exchange Carrier SBC (Ameritech) and Verizon (GTE). These UNE's will include switching and transport facilities as well as loop and sub-loop components.

24. Please describe the nature of service to be provided (e.g., operator services, Internet, debit cards, long distance service, local service).

Applicant will provide the following telecommunication services:

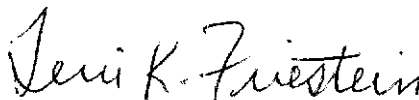
- **Internet Services:** Access to the Internet and hosted applications including a Web site on the Worldwide Web, e-mail, and file transfer protocol (FTP) support.
- **Local Exchange Services:** Switched services providing local telephone service, including local dial tone service, to business and government customers or to carriers and other valued-added resellers.
- **Long Distance Services:** Switching and transport, billed on a minutes-of-use basis, including voice and data.
- **Switched Access Services:** Switched services, offered to IXC's, billed on a minutes-of-use basis.
- **Special Access and Private Line Service:** Non-switched dedicated connections, including high capacity connections. These services are billed at flat, non-usage sensitive, monthly rates.

In order to provide a complete range of services Applicant plans to provide local exchange and extended area service, toll restriction, call management features, touch-tone service, Caller ID services, and any other services available on a resale or unbundled network element basis from the incumbent local exchange carrier or other certificated carriers within Applicant's service area. Applicant will provide operator services through its interconnection arrangements with incumbent local exchange carriers, along with 911/E911 Emergency Services, directory assistance, operator assisted calling, telecommunications relay services, directory white page service and toll-free calling services.

25. Will technical personnel be available at all times to assist customers with service problems? ☒ YES ☐ NO

26. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? ☐ YES ☐ NO

Not Applicable



(Signature of Applicant)

Terri K. Firestein
CCG Consulting, Inc.
On behalf of Illicom Telecommunications, Inc.

VERIFICATION

This application shall be verified under oath.

OATH

State of Maryland)
County of Washington)

Terri K. Firestein makes oath and says that she is Consultant to

IlliCom Telecommunications, Inc.,

and that she has examined the foregoing application and that to the best of her knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

Terri K. Firestein
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Lori J. Divelbiss
(Title of person authorized to administer oaths)

in the State and County above named, this 15th day of June, 2001.

Lori J. Divelbiss
(Signature of person authorized to administer oath)
LORI J. DIVELBISS
NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires January 25, 2003

